								Application or Docket Number						
PATENT APPLICATION FEE DETERMINATION RECOR Effective October 1, 2000									09/813794					
		CLAIMS AS	(Column 1) (Co			mn 2)		SMALL ENTITY TYPE		OR	OTHER THAN			
TOTAL CLAIMS			29				R/	RATE FEE]	RATE	FEE		
FOR			NUMBER FILED		NUMBER EXTRA		BAS	BASIC FEE 355.00		OR	BASIC FEE	710.00		
TOTAL CHARGEABLE CLAIMS			39 minus 20=		• 9		X	X\$ 9=		OR	X\$18=	162		
INDEPENDENT CLAIMS			minus 3 =		8		X40=			OR	X80=	640		
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT					+135=		OR	+270=			
* If the difference in column 1 is less t				than zero, enter "0" in column 2			TOTAL		OR	TOTAL	1512			
CLAIMS AS AMENDED - PART II 1-24-08 (Column 1) (Column 2) (Column 3)							SM	SMALL ENTITY			OTHER SMALL			
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE			RATE	ADDI- TIONAL FEE		
	Total	· 22	Minus	• 2	9	=	XS	9=		OR	X\$18=			
	Independent	Minus ***		[C AINA]=	X40=			OR	X80=				
<u>.</u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							35=		OR	+270=			
							ADDI	OTAL		OR	TOTAL ADDIT, FEE			
(Column 1) (Column 2) (Column 3)										•				
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVK PAID	BER DUSLY	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	•	Minus	**		=	X\$	9=		OR	X\$18=			
	Independent	ATATION OF MI	Minus ***		CLANA	<u> - </u>	X4	0=		OR	X80=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+13	35=		OR	+270=			
							ADDIT	OTAL			TOTAL ADDIT, FEE			
		(Column 1)		(Colu	nn 2)	(Column 3)					AUDII. FEE			
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	•	Minus	**	·	=	X\$	9=		OR	X\$18=			
	Independent	NTATION OF MI	Minus	PENDEND	C A134	-	X40=			OR	X80=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	+270=			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."										OB	TOTAL			
***	If the "Highest Nu	mber Previously Pai	aid For IN THI	S SPACE	is less tha	n 3. enter "3."	AUUII		propriate box	,	ADDIT. FEE I umn 1,	L		